

# **EXHIBIT 32**

**INSTRUCTIONS FOR FILING THE  
BABCOCK & WILCOX ASBESTOS PERSONAL INJURY  
PROOF OF CLAIM FORM**

- The Debtors in this case are The Babcock & Wilcox Company, Diamond Power International, Inc., Babcock & Wilcox Construction Company, and Americon, Inc. (referred to in this document, whether singularly or collectively, as "Babcock & Wilcox").
- If you have a current claim against Babcock & Wilcox for asbestos-related personal injury, **THIS ASBESTOS PERSONAL INJURY PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE JULY 30, 2001**, or your rights may be affected and you may be barred from asserting or receiving payment for your claim.
- If you have a current claim against Babcock & Wilcox for asbestos-related damages that does not involve physical injury to yourself (for example, if you are making a loss of consortium claim relating to a spouse who suffered asbestos-related physical injury, but you were not physically injured yourself) **THE ACCOMPANYING RELATED-PARTY CLAIM FORM MUST BE RECEIVED ON OR BEFORE JULY 30, 2001**, or your rights may be affected and you may be barred from asserting or receiving payment for your claim.

**WHO SHOULD USE THIS ASBESTOS PERSONAL INJURY FORM**

- This Asbestos Personal Injury Claim Form (referred to in this document as the "Claim Form") applies only to current claims made against Babcock & Wilcox by or on behalf of a person with an asbestos-related physical injury, death, or condition (such person is referred to in this document as an "injured party").
  - Current claimants have, or assert that they have an asbestos-related injury as of the Bar Date and have a right to payment (or a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment) from the Debtors on account of such asbestos exposure as of July 30, 2001.
  - Future claimants are those individuals or entities who as of the Bar Date do not meet the criteria listed above, are not subject to the Bar Date and need not submit this Claim Form.
- This form should not be used by persons who have Settled Asbestos Claims as defined herein. Persons holding such Settled Asbestos Claims against the Debtors are subject to an earlier Settled Asbestos Claims Bar Date of March 29, 2001 which has been approved by the United States Bankruptcy Court for the Eastern District of Louisiana (the "Bankruptcy Court"). Settled Asbestos Claims are defined as claims arising out of asbestos exposure -- including but not limited to asbestos-containing products, boiler systems, equipment, components, parts, improvements to real property or materials manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors - and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors *for which the Claimant and one or more of the Debtors entered into an enforceable settlement agreement, for a liquidated amount, as of the commencement of these chapter 11 cases, but as for which the Claimant has yet to receive payment.* The Bankruptcy Court has approved a special proof of claim form for Settled Asbestos Claims. Persons holding Settled Asbestos Claims who wish to file a proof of claim should consult their attorney, or may obtain a copy of the proof of claim form for Settled Asbestos Claims by contacting the Debtors at 877-657-9158.

- If a spouse or child of an injured party believes he or she has a claim against Babcock & Wilcox based on his or her own asbestos-related physical injury (including injury resulting from asbestos that another person was exposed to on his or her job), then each spouse or child is an "injured party" who must fill out this Claim Form in order to preserve his or her rights.
- If a spouse or child of the injured party believes he or she has a separate claim against Babcock & Wilcox, which is not based on the spouse's or child's own asbestos-related physical injury or condition (for example, claims for loss of consortium resulting from another person's asbestos-related injury), then each spouse and/or child or their legal representative must complete the accompanying Related-Party Claim Form in order to preserve his or her rights.

#### GENERAL INSTRUCTIONS

- The injured party must submit a fully completed Claim Form or the injured party's claim against Babcock & Wilcox may be barred. Specifically, submitting a fully completed Claim Form requires that the injured party attach copies of any and all diagnostic reports supporting all claimed asbestos-related medical conditions referred to on the Claim Form, such as copies of x-ray reports, ILO ratings, and lung function test results. (Please do not send actual x-ray films.)
- If the injured party has more information than fits in the space provided on any part of this Claim Form, please make additional copies of the applicable pages before writing on them.
- Please print clearly and use black or blue ink.
- Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceedings regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
- Make a copy of your Claim Form and keep a copy for your records. Send only the original Claim Form to the Claims Agent at the following addresses: If delivered by U.S. mail, address to Claims Agent, Re: Babcock & Wilcox, P.O. Box 9495, Minneapolis MN 55440-9495. If delivered by any method other than U.S. Mail, address to Claims Agent, Re: Babcock & Wilcox, 9555 James Ave S, Bloomington MN 55431.
- Upon receipt and processing of your Claim Form, including any Related-Party Proof of Claim Form, the Claims Agent will send you confirmation indicating that your claim was received. Keep this confirmation for your records -- It is your only proof that your claim was received. You should receive confirmation of receipt of your Claim Form within three to five weeks.
- Any person holding an Asbestos Personal Injury Claim that does not file a completed Babcock & Wilcox Asbestos Personal Injury Proof of Claim Form on or before the Bar Date shall be forever barred to the extent of applicable law from (a) participating in the Debtors' estates; (b) voting with respect to any plan of reorganization filed in these cases; and (c) receiving any distribution from the Debtors to any entity created pursuant to or in connection with any confirmed plan of reorganization in these cases. Further, such parties (a) to the extent of applicable law shall be bound by the terms of any confirmed plan of reorganization (including, without limitation, any provisions therein that provide the Debtors, any successor or any party under a confirmed plan with a release or discharge pursuant to 11 U.S.C. §§ 524(g) and 1141), and (b) shall not receive any further notice of the cases or the matters considered in connection therewith.

**INSTRUCTIONS FOR FILLING OUT THE CLAIM FORM**

**PART 1: IDENTIFYING INFORMATION**

- A person with any alleged asbestos-related physical injury, death, or condition is referred to as the “injured party.”
- If the injured party is deceased or incapacitated, other persons or entities may submit a claim on behalf of the injured party or his or her estate.
- If someone is submitting a claim on behalf of the injured party or the injured party’s estate, provide the submitting person’s name and address in Part 1(B) and/or Part 1(C), as requested.
- Unless otherwise noted, all other questions on the Claim Form request information relating to the injured party, regardless of who is actually submitting the claim.
- If the injured party or claimant is represented by an attorney, provide the requested information in Part 1(C). You do not need an attorney to submit a claim.

**PART 2: MEDICAL INFORMATION**

- Complete all applicable sections:
- Failure to complete any section will be interpreted to mean that the injured party does not have the specified injuries, conditions, or test results addressed in that section.
- Definitions: The following definitions apply to the Claim Form and are provided for your assistance in preparing sections regarding medical history.
  - Asbestosis: bilateral, diffuse fibrosis of the lungs caused by the inhalation of asbestos fibers.
  - Colorectal cancer: cancer of the colon or rectum.
  - Esophageal cancer: cancer of the esophagus.
  - FEV<sub>1</sub>: a measurement of lung function that describes the volume of air one can force from one’s lungs in one second of effort (forced (“F”) expiratory (“E”) volume (“V”) one second (“1”).
  - Forced Vital Capacity: a measurement of lung function that describes the total amount of air one can forcibly exhale after inhaling as much air as possible.
  - ILO rating: “ILO rating” describes the scale developed by the International Labor Organization (sometimes also referred to as the International Labor Office) to describe the extent of fibrosis that appears on a chest x-ray. The scale has 12 points that are expressed with a 0, 1, 2, or 3 appearing to the left of a “/” and a 0, 1, 2, or 3 appearing to the right of the same “/”, hence “0/0, 0/1, 1/0, 1/1” and so on.
  - Laryngeal cancer: cancer of the larynx (also known as the voice box).
  - Lung Cancer: cancer of the lung also known as bronchogenic carcinoma.

- Mesothelioma: cancer of the thin membrane surrounding the lung (known as the pleura) or the thin membrane surrounding the internal organs (known as the peritoneum).
- Pharyngeal cancer: cancer of the pharynx (throat).
- Pleural condition: any medical condition appearing in the lining of the lung or chest wall.
- Pleural plaques: a circumscribed or localized area of fibrosis appearing in the lining of the chest wall or diaphragm.
- Pleural thickening: a diffuse (as opposed to circumscribed or localized) area of fibrosis appearing in the lining of the lung or the chest wall.
- Stomach cancer: cancer of the stomach.

### PART 3: EXPOSURE HISTORY

- Provide information for all applicable sections.
- If the injured party has been exposed to asbestos through his or her job (including Navy and other military service) or through non-employment or non-occupational events, you must fill out Part 3, "Exposure History."
- If the injury party has been exposed to asbestos from Babcock & Wilcox equipment at more than three facilities, please make a copy of page 3 and attach additional pages as necessary.
- Where requested, please use the "Industry Codes" and "Occupation Codes" provided below that most closely match the injured party's employment or exposure history:

### INDUSTRY CODES

- |  |  |
|--|--|
| A. Abatement/removal   | N. Industrial furnace/oven manufacturing |
| B. Aerospace/aviation  | O. Iron/steel                            |
| C. Asbestos mining   | P. Manufacturing (non-asbestos)          |
| D. Asbestos product manufacture or milling<br>(from raw asbestos fibers) | Q. Maritime/Ship - Navy                  |
| E. Automotive  | R. Maritime/Ship - merchant marine       |
| F. Boiler manufacture/fabrication  | S. New construction (land-based)         |
| G. Boiler installation/erection  | T. Paper/pulp                            |
| H. Boiler repair/maintenance   | U. Railroad                              |
| I. Chemical/petrochemical/refinery                                       | V. Roofing                               |
| J. Contract industrial maintenance                                       | W. Sheet metal                           |
| K. Demolition  | X. Shipyard construction/repair          |
| L. Glass/glazing   | Y. Textile                               |
| M. Heating equipment manufacturing                                       | Z. Utility/power plant                   |
|  | AA. Other                                |

OCCUPATION CODES

- |   |   |
|---|---|
| 1. Asbestos removal/abatement                             | 32. Machinist   |
| 2. Asbestos demolition                                    | 33. Mechanic  |
| 3. Asbestos miner   | 34. Millwright  |
| 4. Asbestos manufacturing plant worker                    | 35. Miner (non-asbestos)                                  |
| 5. Bagger/mixer   | 36. Plant worker (non-asbestos)                           |
| 6. Boiler mfr./fabricator                                 | 37. Painter   |
| 7. Boiler inspector                                       | 38. Pipe coverer/installer                                |
| 8. Boiler engineer  | 39. Pipefitter/steamfitter                                |
| 9. Boiler erector/installer                               | 40. Plasterer/sheetrock/drywaller                         |
| 10. Boiler cleaner  | 41. Professional (incl. Accountant, architect, physician) |
| 11. Boiler repair   | 42. Refinery worker                                       |
| 12. Brake mfr/installer/repair                            | 43. Removal/repair boiler insulation (dry)                |
| 13. Brakeman/carman/conductor/fireman                     | 44. Removal/repair boiler insulation (wet)                |
| 14. Brick mason/layer/hod carrier                         | 45. Removal/repair pipe insulation (dry)                  |
| 15. Burner operator                                       | 46. Removal/repair pipe insulation (wet)                  |
| 16. Carpenter/woodworker/cabinet-maker                    | 47. Remove/install gaskets                                |
| 17. Chipper   | 48. Renovation/remodeling                                 |
| 18. Clerical/Office Worker                                | 49. Repair plumbing                                       |
| 19. Custodial/janitor in industrial facilities            | 50. Rigger  |
| 20. Custodian/janitor in public/commercial/res. bldgs.    | 51. Routine maintenance (public/commercial/res. bldgs).   |
| 21. Electrician   | 52. Routine maintenance (industrial facilities)           |
| 22. Encapsulation   | 53. Sandblaster   |
| 23. Furnace worker/repair/installer                       | 54. Seaman  |
| 24. Heavy equipment operator (incl. forklift/truck/crane) | 55. Sheet metal worker                                    |
| 25. Hodcarrier  | 56. Shipfitter  |
| 26. Insulation -- installation                            | 57. Shipwright  |
| 27. Insulation -- repair/removal/rip-out                  | 58. Steelworker   |
| 28. Iron worker   | 59. Utility worker  |
| 29. Joiner  | 60. Warehouse Worker                                      |
| 30. Laborer   | 61. Welder  |
| 31. Longshoreman  | 62. Non-employment/non-occupational exposure              |
|   | 63. Other   |

PART 4: SIGNATURE OF CLAIMANT OR AUTHORIZED AGENT

- The injured party, the injured party's attorney, or, if the injured party is deceased or incapacitated, the injured party's personal representative must personally sign this Claim Form.
- Inaccurate or untruthful answers may result in the injured party's claim against Babcock & Wilcox being barred.

**INSTRUCTIONS FOR FILLING OUT THE RELATED-PARTY CLAIM FORM**

- The Related-Party Claim Form must be:
  - Used only by one person. You may photocopy this Form (before writing on it) if additional Related-Party Claim Forms are needed.
  - Used only if the spouse or child of an injured party (an injured party is the party who claims asbestos-related physical illnesses or conditions) believes he or she has a separate claim against Babcock & Wilcox, which is not based on the spouse's or child's own asbestos-related physical injury or condition (for example, if you are making a loss of consortium claim relating to a spouse who suffered asbestos-related physical injury, but you were not physically injured yourself).
- Do not use this Related-Party Claim Form if the spouse or child of an injured party believes he or she has a claim against Babcock & Wilcox based on his or her own physical injury (including injury resulting from asbestos that another person was exposed to on his or her job). In such a case, the spouse or child is considered an "injured party", and the spouse or child (or their representative) must fill out the Asbestos Personal Injury Proof of Claim Form.
- The Related Party, the Related Party's attorney, or, if the Related Party is deceased or incapacitated, the Related Party's representative must personally sign this Related-Party Claim Form.

DUE JULY 30, 2001

For Court Use Only

**BABCOCK & WILCOX ASBESTOS PERSONAL INJURY  
PROOF OF CLAIM FORM**

The United States Bankruptcy Court and United States District Court, Eastern District of Louisiana

*In re: The Babcock & Wilcox Company, Debtor, Case No. 00-10992 Sec. "B"*(Jointly Administered With: *In re Diamond Power International, Inc., Case No. 00-10993 Sec. "B"; In re Babcock & Wilcox Construction Company, Case No. 00-10994 Sec. "B"; and In re Americon, Inc., Case No. 00-10995 Sec. "B"*)

Carefully read the Instructions included with this PROOF OF CLAIM before completing. In order to be paid or to have your claim estimated for voting purposes, complete ALL applicable questions and attach ALL required documents and supporting information to the PROOF OF CLAIM. If delivered by U.S. mail, address to CLAIMS AGENT, RE: BABCOCK & WILCOX, P.O. BOX 9495, MINNEAPOLIS, MN 55440-9495. If delivered by any method other than U.S. mail, address to CLAIMS AGENT, RE: BABCOCK & WILCOX, 9555 JAMES AVE S, BLOOMINGTON, MN 55431.

*IN ORDER TO BE VALID, THE PROOF OF CLAIM MUST BE SIGNED BY THE CLAIMANT OR THE CLAIMANT'S AUTHORIZED AGENT OR THE CLAIMANT'S ATTORNEY.*

*Please print clearly and use blue or black ink.*

**PART 1: IDENTIFYING INFORMATION (see instructions)****A. Do you claim the injured party's asbestos exposure is attributable to any of the following entities:**

The Babcock & Wilcox Company?	<input type="radio"/> Yes	<input type="radio"/> No	Americon, Inc.?	<input type="radio"/> Yes	<input type="radio"/> No
Babcock & Wilcox Construction Co.?	<input type="radio"/> Yes	<input type="radio"/> No	Diamond Power International, Inc.?	<input type="radio"/> Yes	<input type="radio"/> No

**B. Injured Party**

First Name	MI	Last Name	Jr/Sr/III
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The injured party is: ☐ Living ☐ Deceased

*If injured party is deceased (or incapacitated), name of trust, estate, personal representative or other party submitting claim (not filing attorney listed in I.C below).*

Street Address (of injured party; if living; if not, provide the address of the trust, estate, personal representative or other party submitting claim).

City	State/Prov.	Zip Code (Postal Code)
------	-------------	------------------------

Country (if other than U.S.A.)

Social Security Number of Injured Party

Injured Party's Birth Date:  /  /

Month Day Year

Injured Party's Gender: ☐ Male ☐ Female**C. Injured Party's Attorney (if any):**

Law Firm Name

Attorney First Name	MI	Last Name
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Street Address

City	State/Prov.	Zip Code (Postal Code)
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## PART 2: MEDICAL INFORMATION (see instructions)

### A. Non-Malignant Pleural Condition(s)

- Has the injured party been diagnosed with any pleural condition that you claim was caused by exposure to asbestos? ☐ Yes ☐ No  
If "Yes", please continue below. If "No", go on to Section B.
- What pleural condition? ☐ Pleural Plaques ☐ Pleural Thickening  
☐ Other Pleural Injury, specify: \_\_\_\_\_
- Year of First Diagnosis:

### B. Asbestosis

- Has the injured party been diagnosed with asbestosis? ☐ Yes ☐ No If "Yes", Year of First Diagnosis:

### C. Cancer (Including malignant mesothelioma)

- Has the injured party been diagnosed with any cancer that you claim was caused by exposure to asbestos? ☐ Yes ☐ No  
If "Yes", please continue below. If "No", go on to Section D.
- Which of the following cancers is claimed to have been caused by asbestos exposure?

	Year of First Diagnosis
<input type="radio"/> LUNG CANCER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="radio"/> MESOTHELIOMA	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="radio"/> ESOPHAGEAL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="radio"/> LARYNGEAL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="radio"/> PHARYNGEAL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="radio"/> COLORECTAL	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="radio"/> STOMACH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="radio"/> OTHER (Please describe) _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year of First Diagnosis

### D. Diagnostic Information

- Provide the injured party's most recent lung function test scores.
 

	Date	Score	% of Predicted
<input type="radio"/> Forced Vital Capacity (FVC):	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> L	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
	Month Year		
<input type="radio"/> FEV <sub>1</sub> :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> L	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
	Month Year		
<input type="radio"/> Lung Function tests are unavailable			
- ILO Rating: If you answered "Yes" to Part 2. A1 (Pleural Condition) or Part 2. B1 (Asbestosis), provide the injured party's most recent ILO x-ray reading. (Failure to provide ILO results will be interpreted to mean that the injured party has not received an ILO rating.)
 

<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Results: <input type="text"/> / <input type="text"/>
Month Year	

### PART 3: EXPOSURE HISTORY (see instructions)

A. Was the injured party exposed to asbestos from any Babcock & Wilcox equipment?

Yes

No

If "Yes," please indicate: 1. The injured party's *total number of years* of asbestos exposure:

2. The year of the injured party's *first exposure* to asbestos:

3. The year of the injured party's *last exposure* to asbestos:

B. Please identify each facility at which the injured party was exposed to asbestos from Babcock & Wilcox equipment:

1. Where did the injured party work?

☐ Land-based (incl. shipyards):

or ☐ Marine

Name of Facility or Ship

City

State/Prov.

Country/Country of Port

Industry: (use code from page 4 of Instructions) If Other (Code AA), specify: ⇨

Occupation: (use code from page 5 of Instructions) If Other (Code 63), specify: ⇨

2. Where did the injured party work next (if applicable)?

☐ Land-based (incl. shipyards):

or ☐ Marine

Name of Facility or Ship

City

State/Prov.

Country/Country of Port

Industry: (use code from page 4 of Instructions) If Other (Code AA), specify: ⇨

Occupation: (use code from page 5 of Instructions) If Other (Code 63), specify: ⇨

3. Where did the injured party work next (if applicable)?

☐ Land-based (incl. shipyards):

or ☐ Marine

Name of Facility or Ship

City

State/Prov.

Country/Country of Port

Industry: (use code from page 4 of Instructions) If Other (Code AA), specify: ⇨

Occupation: (use code from page 5 of Instructions) If Other (Code 63), specify: ⇨

### Part 4: SIGNATURE OF CLAIMANT OR AUTHORIZED AGENT

To the best of my knowledge, the information contained in this PROOF OF CLAIM is true and complete.

Signature of Claimant, Claimant's Attorney,  
or Authorized Agent

Please Print the Name of the Signatory

Month

Day

Year

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to five years or both. (18 U.S.C. §152 & 3571)

DUE JULY 30, 2001

**RELATED-PARTY CLAIM**  
**(FOR CLAIMS NOT INVOLVING PHYSICAL INJURY TO THE CLAIMANT)**THIS RELATED-PARTY CLAIM FORM MUST BE:

- I. Used only by one person. You may photocopy this form (before writing on it) if additional Related-Party Claim Forms are needed.
- II. Used only if the spouse or child of an injured party (an injured party is the party who claims asbestos-related physical illnesses or conditions) believes he or she has a separate claim against Babcock & Wilcox, which is not based on the spouse's or child's own asbestos-related physical injury or condition (for example, a wife may make a loss of consortium claim relating to her husband's asbestos-related physical injury, although she was not physically injured herself).
- III. Returned in the same envelope as the Asbestos Personal Injury Proof of Claim Form.

Please print clearly and use black or blue ink.

Do not use this Related-Party Claim Form if the spouse or child of an injured party believes he or she has a claim against Babcock & Wilcox based on his or her own physical injury (including injury resulting from asbestos that another person was exposed to on his or her job). In such a case, the spouse or child is considered an "injured party," and the spouse or child (or their representative) must fill out the Asbestos Personal Injury Form provided at pages 1 - 3.

**A. Do you claim the injured party's asbestos exposure is attributable to any of the following entities:**

The Babcock & Wilcox Company?	<input type="radio"/> Yes	<input type="radio"/> No	American, Inc.?	<input type="radio"/> Yes	<input type="radio"/> No
Babcock & Wilcox Construction Co.?	<input type="radio"/> Yes	<input type="radio"/> No	Diamond Power International, Inc.?	<input type="radio"/> Yes	<input type="radio"/> No

**B. Information Regarding Related-Party Claimant**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>		
Street Address		
<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State/Prov.	Zip Code (Postal Code)
<input type="text"/>		
Country (if other than U.S.A.)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number of Related-Party Claimant	Birth Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	
	Month	Day Year

**C. Information Regarding Injured Party Related to the Related-Party Claimant**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Injured Party's First Name	MI	Injured Party's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number of Injured Party	Relationship to Injured Party:	<input type="radio"/> Spouse <input type="radio"/> Child
	<input type="radio"/> Other: ⇨	<input type="text"/>

**D. Describe the nature of your claim against the debtor(s):****Signature of Related Party**To the best of my knowledge, the information contained in this **PROOF OF CLAIM** is true and complete.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Related-Party Claimant, Claimant's Attorney, or Claimant's Authorized Agent	Please Print the Name of the Signatory	Month	Day	Year	

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to five years or both. (18 U.S.C. §152 &amp; 3571)